## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000151093

FILED Mar 17, 2008 Secretary of State

Entity Name: EVE BEAUTY CORP. **Current Principal Place of Business: New Principal Place of Business:** 8610 S.W. 2ND STREET 343 ARAGON AVE MIAMI, FL 33144 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** P.O. BOX 527824 P.O. BOX 527824 MIAMI, FL 33152 MIAMI, FL 33152 US FEI Number: 20-8216655 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ACOSTA, JUAN C 569 S.W. 5 STREET MIAMI, FL 33130 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change ( ) Addition () Delete Title: TORRES, EVELYN ACOSTA, EVELYN Name: Name: P.O. BOX 527824 P.O. BOX 527824 Address: Address: City-St-Zip: MIAMI, FL 33152 City-St-Zip: MIAMI, FL 33152 ( ) Delete Title: **VPS** Title: () Change () Addition

ACOSTA, JUAN C Name: P.O. BOX 527824 Address: MIAMI, FL 33152 City-St-Zip:

Name:

Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: JUAN CARLOS ACOSTA 03/17/2008